TENNESSEE BUREAU OF INVESTIGATION

Forensic Services Request for Examination – VCRT (Non-Use of Force)

Nashville 901 RS Gass Blvd. Nashville, TN 37216-2639 615-744-4000

Knoxville 1791 Neals Commerce Ln Knoxville, TN 37914 865-549-7800 Jackson 350 Smith Ln. Jackson, TN 38301 731-426-8717

865-549-7800 COMPLETE ALL SECTIONS OF FORM EXCEPT SHADED AREAS

request	ting Officer (case assio	FROM: Requesting Officer (case assigned)						
Requesting Officer (case assigned) Requesting Agency Address City ZIP				Agency Case No:				
				County of Offens	se:			
				Type of Offense:				
Phone: ()								
St	ubject	Sex	Race	Date of Birth	Victim	Sex	Race	Date of Birth
tatement f Facts:						·		
	Item							
LAB ONLY	Number		Descr	ription of Evidence		Where Recovered		
Examination								
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BI-0307 (Rev. 4/21) 2307

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Statement of Facts, Remarks:			
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	T4		
LAB ONLY	Item Number	Description of Evidence	Where Recovered

LAB#			

	Item Number		
LAB ONLY	Number	Description of Evidence	Where Recovered